

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000030779

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** EYE SPECIALIST'S LASER & SURGERY CENTER, INC.

**Current Principal Place of Business:**

12453 SOUTH CLEVELAND AVENUE  
SUITE 100  
FT. MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12381 SOUTH CLEVELAND AVENUE  
SUITE 300  
FT. MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 27-2348018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SAYRE, AVA  
12381 SOUTH CLEVELAND AVENUE  
SUITE 300  
FT. MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GOROVY, MARK S  
Address: 12453 SOUTH CLEVELAND AVEUE, SUITE 100  
City-St-Zip: FT. MYERS, FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK S. GOROVY

MD

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date